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7590

04/06/2004

GIFFORD, KRASS, GROH, SPRINKLE
 PATMORE, ANDERSON & CITKOWSKI, P.C.
 Suite 400
 280 N. Old Woodward Ave.
 Birmingham, MI 48009

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Ann K. Andrusiak	(Depositor's name)
<i>[Signature]</i>	(Signature)
6-30-2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/772,736	01/30/2001	David Meisel	MIA-10004/36	2540

TITLE OF INVENTION: KEY ACTUATION SYSTEMS FOR KEYBOARD INSTRUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DONELS, JEFFREY	2837	084-020000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm, (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gifford, Krass, Groh,
 1 Sprinkle, Anderson
 2 & Citkowski, PC
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1180 (enclose an extra copy of this form).

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07/09/2004, JADD02 00000034 09772736

01 FC:2501
 02 FC:1504
 03 FC:8001

665.00 OP
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